

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Red White and Blue Fund

ADDRESS (number and street) ▼

PO Box 26141

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22313

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00503417

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Christopher M. Marston

Signature of Treasurer Mr. Christopher M. Marston

[Electronically Filed]

Date

01

20

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Red White and Blue Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y Y 12 / 31 / 2013

|  | COLUMN A<br>This Period  | COLUMN B<br>Calendar Year-to-Date                                     |
|--|--|---|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2013     |  | <span style="border: 1px solid black; padding: 2px;">127063.37</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <span style="border: 1px solid black; padding: 2px;">95200.09</span> |   |
| (c) Total Receipts (from Line 19) .....  | <span style="border: 1px solid black; padding: 2px;">250.00</span>   | <span style="border: 1px solid black; padding: 2px;">250.00</span>    |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <span style="border: 1px solid black; padding: 2px;">95450.09</span> | <span style="border: 1px solid black; padding: 2px;">127313.37</span> |
| 7. Total Disbursements (from Line 31) .....  | <span style="border: 1px solid black; padding: 2px;">79165.00</span> | <span style="border: 1px solid black; padding: 2px;">111028.28</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <span style="border: 1px solid black; padding: 2px;">16285.09</span> | <span style="border: 1px solid black; padding: 2px;">16285.09</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">0.00</span>     |   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <span style="border: 1px solid black; padding: 2px;">0.00</span>     |   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Red White and Blue Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 / 01 / 2013

To:

M M / D D / Y Y Y Y Y  
12 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

0.00

0.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

250.00

250.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

250.00

250.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

250.00

250.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 79165.00                      | 111028.28                         |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 79165.00                      | 111028.28                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 79165.00                      | 111028.28                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 0.00                          | 0.00                              |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 0.00                          | 0.00                              |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 0.00                          | 0.00                              |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Red White and Blue Fund**

Full Name (Last, First, Middle Initial)

## **A. USPS**

Mailing Address 475 L'ENFANT PLZ

City  
WASHINGTON

State Zip Code  
DC 20260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2013

**Transaction ID : SA17.78**

Amount of Each Receipt this Period

250.00

REFUND

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Red White and Blue Fund

Full Name (Last, First, Middle Initial)

**A. ALABAMIANS FOR LUTHER STRANGE**

Mailing Address PO BOX 3196

City  
MONTGOMERYState  
ALZip Code  
36109Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 30    | / | 2013        |

Transaction ID : SB29.I91

Amount of Each Disbursement this Period

|          |
|----------|
| 50000.00 |
|----------|

Full Name (Last, First, Middle Initial)

**B. KANSAS REPUBLICAN PARTY - STATE ACCOUNT**

Mailing Address PO BOX 4157

City  
TOPEKAState  
KSZip Code  
66604Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2013        |

Transaction ID : SB29.I92

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 18    | / | 2013        |

Transaction ID : SB29.I81

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

|          |
|----------|
| 55500.00 |
|----------|

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|  |
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Red White and Blue Fund**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| FALLS CHURCH | VA    | 22043    |

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 15    |   | 2013        |

**Transaction ID : SB29.I83**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| FALLS CHURCH | VA    | 22043    |

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 16    |   | 2013        |

**Transaction ID : SB29.I86**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| FALLS CHURCH | VA    | 22043    |

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 15    |   | 2013        |

**Transaction ID : SB29.I87**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 1500.00 |
|---------|

|  |
|--|
|  |
|--|



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Red White and Blue Fund**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| FALLS CHURCH | VA    | 22043    |

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 15    |   | 2013        |

**Transaction ID : SB29.I88**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| FALLS CHURCH | VA    | 22043    |

Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2013        |

**Transaction ID : SB29.I94**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. MADISON STRATEGIC VENTURES**Mailing Address 8270 GREENSBORO DR  
STE 810

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| MCLEAN | VA    | 22102    |

Purpose of Disbursement  
STRATEGIC AND COMMUNICATIONS CONSULTING

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

State: District:

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    |   | 07    |   | 2013        |

**Transaction ID : SB29.I76**

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 4000.00 |
|---------|

|  |
|--|
|  |
|--|



|  |     |  |     |  |     |  |     |  |      |  |     |
|--|-----|--|-----|--|-----|--|-----|--|------|--|-----|
|  | 21b |  | 22  |  | 23  |  | 24  |  | 25   |  | 26  |
|  | 27  |  | 28a |  | 28b |  | 28c |  | X 29 |  | 30b |

NAME OF COMMITTEE (In Full)  
Red White and Blue Fund

## A. NORTH ROCK REPORTS

Mailing Address 45 N HILL DR  
STE 100

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| WARRENTON | VA    | 20186    |

### Purpose of Disbursement

#### COMPLIANCE CONSULTING

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

Transaction ID : SB29.I77

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## B. NORTH ROCK REPORTS

Mailing Address 45 N HILL DR  
STE 100

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| WARRENTON | VA    | 20186    |

## Purpose of Disbursement

### COMPLIANCE CONSULTING

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

09 / 04 / 2013

Transaction ID : SB29.I79

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

### C. NORTH ROCK REPORTS

Mailing Address 45 N HILL DR  
STE 100

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| WARRENTON | VA    | 20186    |

## Purpose of Disbursement

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

Transaction ID : SB29.I84

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

|  |     |  |     |  |     |  |     |  |      |  |     |
|--|-----|--|-----|--|-----|--|-----|--|------|--|-----|
|  | 21b |  | 22  |  | 23  |  | 24  |  | 25   |  | 26  |
|  | 27  |  | 28a |  | 28b |  | 28c |  | X 29 |  | 30b |

## Red White and Blue Fund

## A. NORTH ROCK REPORTS

Mailing Address 45 N HILL DR  
STE 100

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| WARRENTON | VA    | 20186    |

### Purpose of Disbursement

#### COMPLIANCE CONSULTING

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.I93

Amount of Each Disbursement this Period

4500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

Candidate Name

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

79000.00